Clinical case of familial hemiplegic migraine

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Migraine and epilepsy are comorbid diseases. In some cases established its genetic causes. The man, 19 years old, since the age of 12 years experienced isolated episodes of numbness, paresthesias and weakness in right hand, sometimes accompanied by numbness in right leg, once – by dysphasia. One of the attacks was presented by isolated numbness and weakness in left leg. Some attacks were accompanied by headache. Regression of symptoms was after 20-40 minutes after sleep or rest. During 7 year there were 5 attacks. Data of examination (including MRI of brain (3,0), doppler ultrasound) were normal. Slow activity in left temporal region was detected in EEG repeatedly. Long-term EEG monitoring (free-attack period): have been found paroxysmal activity represented by bilateral high amplitude theta waves (predominantly in frontal regions) low index during wakefulness and sleep. FHM is an uncommon type of migraine, frequently beginning in the first or second decade; frequency of attacks tends to decrease with age. Diagnostic criteria for FHM includes: criteria for migraine with aura; the aura includes some degree of hemiparesis and may be prolonged, but completely reversible; at least one first-degree relative also has such attacks. Headache usually lasts four to 72 hours but may be completely absent. FHM is inherited in an autosomal dominant manner. Mutations in three genes (CACNA1A (FHM1), ATP1A2 (FHM2), and SCN1A (FHM3)) have been found to cause FHM. CACNA1A pathogenic variants commonly presenting with nystagmus and other cerebellar signs, ATP1A2 – with epilepsy.